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# WISCONSIN MEDICAID

# UPDATE

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MARCH 9, 1998

UPDATE 98-11

TO:

HMOs and Other Managed Care Programs

Hospitals (Offsite Therapy Services)

Nursing Homes

Occupational Therapists

Physical Therapists

Rehabilitation Agencies

Therapy Groups

## 1998 Physical Therapy and Occupational Therapy CPT and HCPCS Code Changes -

Effective April 1, 1998

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### Procedure code changes due to 1998 CPT and HCPCS code changes

Due to changes in the Physicians' Current Procedural Terminology (CPT), and HCFA Common Procedure Coding System (HCPCS) codes, effective for dates of service on and after April 1, 1998, Wisconsin Medicaid made the following changes:

#### Physical therapy (PT)

Two 1998 evaluation codes are *added* for PT services:

- 97001 Physical therapy evaluation (15 minutes).
- 97002 Physical therapy re-evaluation (15 minutes).

Two 1997 evaluation codes are *discontinued* for PT:

- Q0103 Physical therapy evaluation, initial (15 minutes).
- Q0104 Physical therapy re-evaluation, periodic (15 minutes).

#### Occupational therapy (OT)

Two 1998 evaluation codes are *added* for OT:

- 97003 Occupational therapy evaluation (15 minutes).
- 97004 Occupational therapy re-evaluation (15 minutes).

Two 1997 evaluation codes are *discontinued* for OT:

- Q0109 Occupational therapy evaluation, initial (15 minutes).
- Q0110 Occupational therapy re-evaluation, periodic (15 minutes).

See Attachment 1 for a complete list of current Medicaid procedure codes for OT services. See Attachment 2 for a complete list of current Medicaid procedure codes for PT services. Attachments 1 and 2 replace the attachments in *Medicaid Update 97-17*, dated May 23, 1997. In addition, Attachment 1 replaces Appendix 4 in the OT Handbook (Part P, Division I), and Attachment 2 replaces Appendix 4 in the PT Handbook (Part P, Division II).

## **Coverage of discontinued 1997 codes included in a current and valid prior authorization or spell of illness**

Wisconsin Medicaid will continue to accept discontinued 1997 PT and OT evaluation codes that are included in a current and valid prior authorization (PA) or spell of illness with dates of service before and on July 31, 1998.

However, Wisconsin Medicaid will not accept providers billing for the same service on the same date of service under both the new 1998 codes and discontinued 1997 codes.

For dates of service on and after August 1, 1998, Wisconsin Medicaid will cover PT and OT evaluation services using 1998 procedure codes and will no longer accept discontinued 1997 codes.

## **What to do for approved prior authorizations that include deleted or changed codes**

For valid PAs with an expiration date after July 31, 1998, that include discontinued 1997 procedure codes, providers may do one of the following:

- Amend the PA to reflect the code changes.
- Request a new PA reflecting the code changes.

Wisconsin Medicaid will accept requests for amendments and new PAs using the code changes beginning March 1, 1998. Refer to *Medicaid Update 95-25*, dated July 26, 1995, for instructions on how to amend PAs.

## **Continue using Medicaid modifiers**

Continue to use the Medicaid therapy modifiers to request PA and to submit Medicaid claims for PT and OT services:

- Modifier "PT" for physical therapy.
- Modifier "OT" for occupational therapy.

Refer to *Medicaid Update 95-38*, dated October 12, 1995, for more information on therapy modifiers.

Attachment 1  
**MEDICAID PROCEDURE CODES FOR OCCUPATIONAL THERAPY SERVICES**  
**EFFECTIVE APRIL 1, 1998**  
**ALL CHANGES ARE HIGHLIGHTED IN BOLD ITALICS**

<b>Allowable Types and Places of Service for Specific Service Providers</b>	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 1]
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
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**MODALITIES**

No Change	90901	Biofeedback training by any modality (15 minutes)	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold bath (15 minutes)	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1	1 per day	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	\$0.50	Not Applicable	Allowed

**THERAPEUTIC PROCEDURES**

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
No Change	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed
No Change	97150	Therapeutic procedure(s), group (2 or more individuals) (each 15 minutes)	\$0.50	Not Applicable	Allowed
No Change	97250	Myofascial release/soft tissue mobilization, one or more regions (15 minutes)	\$1	Not Applicable	Not Allowed
No Change	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2	1 per day	Not Allowed
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes	\$1	Not Applicable	Allowed
No Change	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment), direct one-on-one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
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**OTHER PROCEDURES**

No Change	97770	Development of cognitive skills to improve attention, memory, problem solving, including compensatory training and/or sensory integrative activities, direct (one-on-one) patient contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
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**EVALUATION**

Delete 3/31/98	Q0109	Occupational therapy evaluation, initial (15 minutes)	\$1	Not Applicable	Not Allowed
Delete 3/31/98	Q0110	Occupational therapy re-evaluation, periodic (15 minutes)	\$0.50	2 per day	Not Allowed
Add 4/1/98	97003	Occupational therapy evaluation (15 minutes)	\$1	Not Applicable	Not Allowed
Add 4/1/98	97004	Occupational therapy re-evaluation (15 minutes)	\$0.50	2 per day	Not Allowed

Attachment 2  
**MEDICAID PROCEDURE CODES FOR PHYSICAL THERAPY SERVICES**  
**EFFECTIVE APRIL 1, 1998**  
**ALL CHANGES ARE HIGHLIGHTED IN BOLD ITALICS**

<b>Allowable Types and Places of Service for Specific Service Providers</b>	
Rehabilitation Agencies [Type of Service (TOS) = 9]	Independent Therapists, Therapy Groups, and Therapy Clinics [Type of Service (TOS) = 1]
Allowable Places of Service = 0, 3, 4, 7, 8	Allowable Places of Service = 0, 3, 4, 7, 8

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
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**OTHER PROCEDURES**

No Change	93797	Physician services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) (15 minutes)	\$1	1 per day	Not Allowed
No Change	93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) (15 minutes)	\$2	1 per day	Not Allowed
No Change	94667	Manipulation chest wall such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation (15 minutes)	\$1	2 per day	Allowed
No Change	94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent (15 minutes)	\$0.50	Not Applicable	Allowed
No Change	94650	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation (15 minutes)	\$1	1 per day	Not Allowed

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HCPCS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	94651	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; subsequent (15 minutes)	\$1	1 per day	Not Allowed
No Change	94652	Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; newborn infants (15 minutes)	\$1	1 per day	Not Allowed

**MODALITIES**

No Change	90901	Biofeedback training by any modality (15 minutes)	\$2	Not Applicable	Allowed
No Change	97010	Application of a modality to one or more areas; hot or cold packs (15 minutes)	\$1	1 per day	Allowed
No Change	97012	Application of a modality to one or more areas; traction, mechanical (15 minutes)	\$1	1 per day	Allowed
No Change	97014	Application of a modality to one or more areas; electrical stimulation (unattended) (15 minutes)	\$1	1 per day	Allowed
No Change	97016	Application of a modality to one or more areas; vasopneumatic devices (15 minutes)	\$1	1 per day	Allowed
No Change	97018	Application of a modality to one or more areas; paraffin bath (15 minutes)	\$1	1 per day	Allowed
No Change	97020	Application of a modality to one or more areas; microwave (15 minutes)	\$1	1 per day	Allowed
No Change	97022	Application of a modality to one or more areas; whirlpool (15 minutes)	\$1	1 per day	Allowed
No Change	97024	Application of a modality to one or more areas; diathermy (15 minutes)	\$1	1 per day	Allowed
No Change	97026	Application of a modality to one or more areas; infrared (15 minutes)	\$1	1 per day	Allowed
No Change	97028	Application of a modality to one or more areas; ultraviolet (15 minutes)	\$1	1 per day	Allowed

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HPCPS Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	97032	Application of a modality to one or more areas; electrical stimulation (manual) (15 minutes)	\$1	Not Applicable	Allowed
No Change	97033	Application of a modality to one or more areas; iontophoresis (15 minutes)	\$1	Not Applicable	Allowed
No Change	97034	Application of a modality to one or more areas; contrast baths (15 minutes)	\$0.50	Not Applicable	Allowed
No Change	97035	Application of a modality to one or more areas; ultrasound (15 minutes)	\$1	Not Applicable	Allowed
No Change	97036	Application of a modality to one or more areas; Hubbard tank (15 minutes)	\$1	Not Applicable	Allowed
No Change	97039	Unlisted modality (specify type and time if constant attendance) (15 minutes)	\$1	1 per day	Allowed

#### THERAPEUTIC PROCEDURES

No Change	97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility	\$1	Not Applicable	Allowed
No Change	97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and proprioception	\$1	Not Applicable	Allowed
No Change	97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	\$1	Not Applicable	Allowed
No Change	97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes transfer training and stair climbing)	\$1	Not Applicable	Allowed
No Change	97122	Therapeutic procedure, one or more areas, each 15 minutes; traction, manual	\$1	Not Applicable	Allowed
No Change	97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$1	Not Applicable	Allowed
No Change	97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted therapeutic procedure (specify)	\$1	Not Applicable	Allowed

Action	CPT-4 Procedure Code	Description	Copayment for CPT-4/HCPSC Code	Daily Service Limit	Procedure Allowable for Therapy Assistants
No Change	97250	Myofascial/soft tissue mobilization, one or more regions (15 minutes)	\$1	Not Applicable	Not Allowed
No Change	97265	Joint mobilization, one or more areas (peripheral or spinal) (15 minutes)	\$2	1 per day	Not Allowed
No Change	97520	Prosthetic training, upper and/or lower extremities, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance); each 15 minutes	\$1	Not Applicable	Allowed
No Change	97535	Self care/home management training (e.g., activities of daily living [ADL] and compensatory training, meal preparation, safety procedures, and instructions of adaptive equipment) direct one-on-one contact by the provider, each 15 minutes	\$1	Not Applicable	Allowed
No Change	97542	Wheelchair management, propulsion training, each 15 minutes	\$1	Not Applicable	Allowed

### EVALUATION

Delete 3/31/98	Q0103	Physical therapy evaluation; initial (15 minutes)	\$1	Not Applicable	Not Allowed
Delete 3/31/98	Q0104	Physical therapy re-evaluation; periodic (15 minutes)	\$0.50	2 per day	Not Allowed
Add 4/1/98	97001	Physical therapy evaluation (15 minutes)	\$1	Not Applicable	Not Allowed
Add 4/1/98	97002	Physical therapy re-evaluation (15 minutes)	\$0.50	2 per day	Not Allowed